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Bib Data Sheet

CONFIRMATION NO. 3548

<b>SERIAL NUMBER</b> 09/754,468	<b>FILING DATE</b> 01/04/2001 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> 0450-0033.30	
<b>APPLICANTS</b> Patrick L. Iversen, Corvallis, OR; <b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/174,484 01/04/2000 <b>** FOREIGN APPLICATIONS *****</b> <div style="text-align: center;"> <b>** SMALL ENTITY **</b> </div>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <input checked="" type="checkbox"/> <u>Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> OR	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 41	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> 22918					
<b>TITLE</b> Antisense antibacterial cell division composition and method					
<b>FILING FEE RECEIVED</b> 689	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		